	PATENT
Attorney Docket No.	

YES.

YES

NO

NO

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named	. invento	or, I hereby declare that:					•
This declaration is	of the f	ollowing type:	·				
natio	nal stag	design supplemental se of PCT continuation continuation continu	uation-in-part				
My residence, pos	t office	address, and citizenship are	as stated below next to my	name.			
I believe I am the inventor (if plural on the invention e	names	al, first, and sole inventor (if are listed below) of the subj	only one name is listed be ject matter which is claime	elow) or a ed and for	n origina which a	il, first, a patent i	nd joint s sought
		Electrical Swi	tch				
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the specification of	of which	1:	·				
図	is attac	hed hereto.					
	was fil	led on		pplicatio	n No		
	and wa	s amended on	(if appli				
	was fi	léd on	as P and was amended poany).	CT Inter	national	Applicat	ion No.
•	PCT/_		and was amended pr	ursuant 1	to PCT	Article	19 on
			any).				•
I state that I have as amended by an	reviewe	ed and understand the contendment referred to above.	its of the specification iden	tified abo	ve, inclu	ding the	claim(s),
I acknowledge the	ne duty	to disclose information that 137 CFR §1.56.	t is material to the exami	nation of	the appl	ication i	dentified
inventor's certific the United States utility model, des at least one coun	cate or	penefits pursuant to 35 USC of any PCT international patterical listed below and have istration, or inventor's certificant than the United States of A the application(s) from which	tent application(s) designate also identified below and cate or any PCT internation America filed by me on the	ting at leading forcign and patent states to the state of the same of the state of	ast one ca applicat applicati	ountry o ion(s) fo ion(s) de	ther than or patent, signating
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COUNTRY	Y	APPLICATION	(day,month,year)	33 0	SC §119(a) or år	
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I claim the benefit pursuant to 35 USC §119(e) of the following United States provisional patent application(s):

PRIOR U.S. PROVISION BENEFIT CLAIMEI	IAL PATENT APPLICATIONS, D UNDER 35 USC §119(e)
APPLICATION NO.	DATE OF FILING (day,month,year)
:	

I claim the benefit pursuant to 35 USC §120 of any United States patent application(s) or PCT international patent application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this patent application is not disclosed in the prior patent application(s) in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 effective between the filing date of the prior patent application(s) and the national or PCT international filing date of this patent application.

PRIOR U.S APPLICATION	S. PATENT APPLIC S DESIGNATING	CATIONS OR PCT IN	NTERNATION CLAIMED UN	AL PATENT DER 35 USC	§120	
U.S. PAT	ENT APPLICATIO	NS	S	tatus (check or	ıe)	
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DETAILS UND	OF FOREIGN APPL ER 35 USC §119 FOR	ICATIONS FROM WHI R ABOVE LISTED U.S.	ICH PRIORITY CLA PCT APPLICATION	IMED S
ABOVE APPLN. No.	COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)
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As a named inventor, I appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Customer Number 23548.



PATENT TRADEMSKY OFFICE

I further direct that correspondence concerning this application be directed to Customer Number 23548.

Full name of sole or first inventor: Ka Fai Lai



I declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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	Chaiwan, Hong Kong	SAR					
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Full name of second joint in	yentor:			•		· ·.	
Inventor's signature		·		_			
Date:		Country of Citize	nship:				
Residence:			_			•	
Post Office Address:				<u>.</u>			